



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5695

SERIAL NUMBER 10/615,262	FILING DATE 07/09/2003  RULE	CLASS 424	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. Q75926
-----------------------------	---------------------------------------	--------------	------------------------	----------------------------------

## APPLICANTS

Ryuichi Morishita, Osaka, JAPAN;

Toshio Ogihara, Osaka, JAPAN;

Toshikazu Nakamura, Osaka, JAPAN; Tetsuya Tomita, Osaka, JAPAN;

Takahiro Ochi, Kobe-shi, JAPAN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/660,522 09/12/2000 ABN  
 which is a CON of 09/029,497 06/09/1998 PAT 6,248,722 \*  
 which is a 371 of PCT/JP96/02359 08/22/1996

(\*)Data provided by applicant is not consistent with PTO records.

*Date pending  
resolution*  
  
*PNK  
8/3/05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 07-245475 08/29/1995

JAPAN 08-058467 02/20/1996

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/03/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>PNK</i>		

## ADDRESS

23373

SUGHRUE MION, PLLC

2100 PENNSYLVANIA AVENUE, N.W.

SUITE 800

WASHINGTON, DC

20037

## TITLE

Medicament comprising HGF gene

<b>FILING FEE</b>  <b>RECEIVED</b> 750	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees ( Filing )								
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )								
<input type="checkbox"/> 1.18 Fees ( Issue )								
<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit								